

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
2004 JUL 14 PM 4:09

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: MATERNAL CHILD & FAMILY HEALTH SERVICES

Division/Unit: FETAL & INFANT MORTALITY REVIEW PROGRAM

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol	0	Hours	0	X	\$17.19	=	\$0.00
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Types of work performed by GENERAL VOLUNTEERS in this category:

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol	0	Hours	0	X	\$17.19	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
8 MDs	38		\$70.00		\$2,660.00
3 RNs	10		\$30.00		\$300.00
1 MSW	6		\$25.00		\$150.00

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Types of work performed by SPECIALIZED VOLUNTEERS in this category:
Professional panel reviews fetal and infant deaths and makes recommendations for
system changes to prevent future deaths. Group met quarterly this FY.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>13</u>	<u>60</u>	<u>\$3,530</u>

TOTALS	13	Total Hours	60	Total Value	\$3,530.00
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: Refreshments for meetings Value: \$70.00
 Item Donated: _____ Value: _____
 Item Donated: _____ Value: _____
 Item Donated: _____ Value: _____

TOTAL VALUE	\$70.00
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4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours X Rate

\$0.00

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours 25 X Rate \$32.00

\$800.00

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : Mailing meeting materials Cost: \$200.00

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$200.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$1,000.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$3,530.00

b. Total of Donations to Volunteer Program, Item 3 \$70.00

c. Subtract Total of program Costs, Item 4d \$1,000.00

TOTAL PROGRAM BENEFIT:

\$2,600.00

6. **RECRUITING:**

Please describe your recruiting programs:

Networking with people/agencies with similar mission, references from current
volunteers

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Recruit more obstetricians practicing in the community and hospital RN managers

Provide recognition via certificates+B168/small gifts

9. **GENERAL INFORMATION:**

Name of person completing report:

Gayle White

Phone:

(619) 692-8667

Mail Stop: P-511F

E-Mail:

gayle.white@sdcountry.ca.gov

Volunteer Coordinator:

Gayle White

Phone:

Mail Stop:

E-Mail:

10. **DEPARTMENT CERTIFICATION:**

Nancy L Berwen MD
DEPARTMENT HEAD SIGNATURE

7/9/04
DATE

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